# NOTICE OF ADVERSE BENEFIT DETERMINATION

# About Your Treatment Request

#### Date

## *Beneficiary’s Name* *Treating Provider’s Name*

*Address* *Address*

*City, State Zip* *City, State Zip*

### RE: *Specialty Mental Health Services*

This notice lets you know that *Kings County Mental Health Plan* has determined that your mental health condition does not meet the Specialty Mental Health Service Access Criteria or medical necessity criteria to be eligible for specialty mental health services. This is because (mark one or more of the following):

□ You do not have a mental health diagnosis according to the most recent DSM/ICD manual or a suspected mental health diagnosis that has not yet been diagnosed [WIC 14184.202(c)(2)(A)(B), (d)(B)(i)(ii)]

□ Your mental health condition does not cause significant impairment(s) in an important area of your life, demonstrate a reasonable probability of significant deterioration in an important area of life, or indicate a reasonable probability of not progressing developmentally as appropriate [WIC 14184.202(c)(1)(A)(B), (d)(2)(A)(i)(ii)(iii)]

□ You do not have a condition placing you at high risk of a mental health disorder due to experiencing trauma based on the assessment of a licensed mental health professional, the results of an approved trauma screening tool, involvement in the Child Welfare System, Juvenile Justice system, or experiencing homelessness (for youth under age 21 only) [WIC 14184.202(d)(1)(2)(B)(iii)

□ You do not have a need for Specialty Mental Health Services that are not included within the mental health benefits that your managed care plan is required to provide (for youth under age 21 only) [WIC 14184.202(d)(A)(iv)]

□ Specialty Mental Health Services were not medically necessary/ clinically indicated at the time of your mental health assessment [WIC 14059.5]

□ Your mental health symptoms or condition would be responsive to treatment by your managed care provider (such as a physical health based care or mild-to-moderate mental health care needs( [ WIC 14184.402(2)]

Although you do not qualify for specialty mental health services, you may be able to receive non-specialty mental health services from name of provider. You can call them at *telephone number and/or your appointment was set for: Appointment.*

You may appeal this decision if you think it is incorrect. The enclosed “Your Rights” information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed “Your Rights” information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that weused to makeour decision. To ask for this, please call *the Patients Rights Advocate* at *559-852-2423.*

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your mental health plan says services will be stopped or reduced.

The Plan can help you with any questions you have about this notice. For help, you may call *the Patient Rights Advocate between 8AM to 5PM, Monday through Friday* at *559-852-2423.* If you have trouble speaking or hearing, please call TTY/TTD number *7-1-1* for help.

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact *Patients Rights Advocate* by calling *559-852-2423*.

If the Plan does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

This notice does not affect any of your other Medi-Cal services.

*Signature Block*

Enclosed: “Your Rights”, Beneficiary Non-Discrimination Notice, Language Tag Lines